

Minutes
November 1, 2004
Drug Utilization Review (DUR) Board

Members Present: Brendan Joyce, Norm Byers, Bob Treitline, Al Samuelson, Gary Betting, Greg Pfister, Leann Ness, John Savageau, Pat Churchill, Greg Pfister

Members absent: Jay Huber, Carrie Sorrenson, Scott Setzepfandt, Cheryl Huber, Kamille Sherman

John Savageau called the meeting to order at 8 am. John Savageau stated that the first item is to elect a new chair. Brendan Joyce explained that if Al Samuelson was the chair of the DUR Board, he would also be working as lead physician on the CNS project, which would put him in a tough spot trying to keep the two committees separate. John Savageau asked Bob Treitline to serve as interim vice-chair until a subsequent meeting when more physicians would be present. Bob Treitline agreed to this.

John Savageau called for approval of meeting minutes from the September meeting. Brendan Joyce mentioned that the minutes were not completed yet and this would have to wait until the next meeting. John Savageau then asked for a budget update. Brendan Joyce gave a brief update and stated that projections for the remainder of the biennium show the possibility of over-spending by \$4.2 million (net of rebates). In response to a question from Bob Treitline, Brendan Joyce mentioned that nursing homes are under budget, but physician, hospital, and DME are over budget as of this point in time. In response to a question from Al Samuelson, Brendan Joyce stated that proton pump inhibitor prior authorization is saving significant dollars. Brendan Joyce also mentioned that a significant portion of patients have been switched to loratadine OTC, but it doesn't appear that physicians were taking patients off of anti-histamines.

John Savageau asked for presenters on ACE inhibitors. Tom Cary spoke on behalf of Altace®. Andy Shim from Novartis presented on Lotrel®. Tom Persico from Abbott Labs spoke regarding Mavik® and Tarka®. John Savageau started the discussion on the ACE inhibitors by mentioning that all brand name ACE inhibitors require prior authorization. When asked what other states do, Brendan Joyce asked that Dennis Majeskie from Wyeth to share what MN does with ACE inhibitors. He stated that MN has an algorithm where all brand names require prior authorization with the exception of Altace®. Brendan Joyce mentioned that the Altace® exception is accompanied by a statement asking the physicians to reserve Altace® use to certain indications. John Savageau mentioned he would be willing to handle the ACE inhibitors by using the same algorithm and exception for Altace®. In response to a question from Bob Treitline, Brendan Joyce stated that there are a number of benefits with prior authorizing ACE inhibitors. To counter-detail the physicians on the generic medications, bring attention to cost effective prescribing, and a rough estimate of savings of \$100,000 per year. Bob Treitline moved to prior authorize all brand name ACE inhibitors with the exception of Altace® and to utilize the statement from MN Medicaid regarding the use of Altace®. Norman Byers seconded the motion. This will be voted on at the next meeting.

John Savageau asked for presenters regarding ARB's. Scott Anderson with AstraZeneca presented regarding candesartan. Jay Gandhi from Sanofi-Aventis presented regarding irbesartan. Andrew Shim presented regarding valsartan. Gary Betting started discussion after the presentations by mentioning that ACE inhibitors appear to still be the first line choice for HTN. Bob Treitline moved to prior authorize ARBs with the qualification for coverage being previous failure of an ACE inhibitor. Norm Byers seconded the motion. This will be voted on at the next meeting.

John Savageau moved to the next item on the agenda, the proton pump inhibitors and the possibility to move to more of a step therapy approach given the large cost difference between the least expensive to the most expensive PPIs. Brendan Joyce explained that it could be a process where the patient must try Prilosec OTC®, if that fails, they could try the next cost effective products, if one of those fails, then they could try the most expensive product. Bob Treitline moved to modify the prior authorization process to allow for such a stepwise process. Norm Byers seconded the motion. This will be voted on in the next meeting.

John Savageau moved to the next item of business – controlled / extended release products in the nursing homes. Brendan Joyce explained that nursing home patients are about 6% of our patients accounting for 30% of our drug spend, and these patients will move to the Medicare drug benefit in 2006, therefore, addressing this issue now would help prepare these patients for the change in benefit administrators. This will be discussed more in the upcoming meeting.

John Savageau discussed the next meeting. One item will be AARP bringing in someone from the Oregon project to present more information. John Savageau also mentioned that psychotropics should be addressed at some point in time as they account for a large amount of the drug spend. Al Samuelson suggested that a presentation should be done regarding the CNS project. Brendan Joyce reviewed the topics for the next agenda (ACE, ARB, PPI, Oregon, nursing home patients, CNS). Norman Byers made a motion to adjourn. Greg Pfister seconded the motion. John Savageau adjourned the meeting at 9:35. The next meeting is scheduled for December 13, 2004 at 1 pm in the Heritage Center.